

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

Complete this form during 3-month interval visits at which there is no OGTT scheduled in order to assess the participant's glycemic status.

A. Visit Information

1. Information gathered from: ☐ Parent (Mother, Father) ☐ Guardian ☐ Participant

B. Medical History

1. Have there been any changes in health since the last scheduled visit? ☐ Yes ☐ No ☐ Unknown

If yes, refer to CTCAE criteria for grading definitions.

If Grade 1 adverse event, record on source document.

*If Grade 2 or greater, complete **Adverse Event Report Form** as well as source document.*

2. Have there been any changes in concomitant medications since the last scheduled visit? ☐ Yes ☐ No ☐ Unknown

*If yes, update the participant's **Concomitant Medication Form***

3. Has the participant experienced blurred vision? ☐ Yes ☐ No ☐ Unknown

4. Has the participant experienced polyuria? ☐ Yes ☐ No ☐ Unknown

5. Has the participant experienced polydipsia? ☐ Yes ☐ No ☐ Unknown

6. Has the participant experienced unintended weight loss? ☐ Yes ☐ No ☐ Unknown

7. Has the participant experienced increased hunger? ☐ Yes ☐ No ☐ Unknown

8. Has the participant experienced fatigue and irritability? ☐ Yes ☐ No ☐ Unknown

C. Random Glucose (collected every 3 months)

1. Was a random sample collected and sent to TN lab for glucose measurement : ☐ Yes ☐ No ☐ Unknown

2. If yes, indicate date sample drawn

— / — / —
DAY MONTH YEAR